

Uniform Medical Prior Authorization Form

Important: Please read your insurer's (for individuals with commercial insurance) or Vermont Medicaid's (for Medicaid beneficiaries) specific instructions for completing this form.

Patient/Member Information (* Required Field)			
*First Name:		Middle Initial:	*Last Name:
*Health Insurance ID#:		*DOB:	Gender Identity:
*Address:			Apt. #:
*City:	*State:	*ZIP:	*Tel.
Referring/Requesting Provider Information (* Required)		Rendering/Attending Provider Information (* Required)	
*First Name:		*Last Name:	
*NPI/TIN#:		*Specialty:	
*Address:		Suite:	
*City:	*State:	*City:	*State:
*Tel.:	Fax:	*Tel.	Fax:
*Office Contact/Person Completing Form:			
*Telephone #:		Fax #:	
Required Clinical Information (* Required Field)			
*Date of Request:		*Is this request for Out-of-Network Services? Y N	
*Type of Service Requested (check all that apply)			
Services: Medical Admit: Mental Health/SUD: Oncology: Acupuncture:	Obstetrics: Immunotherapy Treatment: Surgery (including Oral Surgery): Transplant: Chiropractic:	Therapies: Occupational Therapy: Physical Therapy: Speech Therapy: Applied Behavior Analysis:	
Testing/Imaging: Diagnostic Imaging: Diagnostic Medical Test:	Other: DME: SNF: Home Health: Vision/Glasses: Home Infusion: Other please specify:		
*Date Diagnosed:	*Place of Service: Telehealth/Audio Only: Inpatient: Outpatient: Office: Other: - specify:		
*Proposed Dates of Service:	From: To:	*Facility Where Service Will be Performed:	
*Proposed Number of Inpatient Treatment Days:		*Proposed Number of Outpatient Treatment Visits:	
*Primary Diagnosis:		*Primary Diagnosis Code:	
*Secondary Diagnosis:		*Secondary Diagnosis Code:	
*Name of Proposed Procedure:		*CPT/HCPCS or Revenue Code:	
*Requested Durable Medical Equipment (DME):			
*DME CPT/HCPCS Code:		*DME Duration:	
*DME Purchase Price: \$		*DME Monthly Rental Price: \$	

Additional Clinical Information Attached: (No. of pages):

The completed form should be sent by fax to MVP at 1-800-280-7346 or mailed to the MVP Utilization Management Department at 625 State Street, Schenectady, NY, 12305.